FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		NIZATION structions)	Office use only
1. NAME OF COMMITTEE (in	(Check if na is changed)		12FE4M5
Show-Me Pol	ițical Acțion Committee		
ADDRESS (number and	2345 Grand Blv	/d.	
ADDRESS (number and	Suite 2800		
(Check if add is changed)	ress Kansas City		MO 64108 _ 2612
		CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MA	AIL ADDRESS athropgage.com		,
COMMITTEE'S WEE	PAGE ADDRESS (URL)		
COMMITTEE'S FAX 8162922001	NUMBER		
2. DATE M 0 2	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y]	
3. FEC IDENTIFIC	ATION NUMBER	C C00410621	
4. IS THIS STATE	MENT X NEW (N)	OR AMENDED (A)	
I certify that I have exam	nined this Statement and to the best of	my knowledge and belief it is true, correc	t and complete
Type or Print Name of	Treasurer	Bradshaw	
Signature of Treasure	r Electronically Filed by Jear	n Paul Bradshaw	Date 02 / 08 / YYYYY
NOTE: Submission of fa	·	tion may subject the person signing this S	Statement to the penalties of 2 U.S.C. S437g.
Office Use Only		For further informati Federal Election Com Toll Free 800-424-953	mission FEC FORIVI I

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5.	TYPE OF COMMITTEE (Check One)						
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)						
	b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)						
	Name of Candidate						
	Candidate Office Party Affiliation Sought: House Senate President	State					
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.						
	Name of Candidate						
		Democratic, epublican,etc.) Party.					
	(e) This committee is a separate segregated fund						
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated for committee.	und or party					
6.	Name of Any Connected Organization or Affiliated Committee						
L							
	Mailing Address						
	CITY▲ STATE ▲	ZIP CODE 🛦					
	<u>.</u>						
	Relationship						
	Type of Connected Organization:						
	Corporation Corporation w/o Capital Stock Labor Organization	tion					
	Membership Organization Trade Association Cooperative						

Attorney

<u> </u>	03)		Page 3	
rite or Type Committee Name				
Show-Me Political Action (
	ustodian of Records: Identify by name, address, (phone number optional), and position of the ossession of Committee books and records.			
Full Name				
Mailing Address				
_				
Title or Position ♥	CITY A	STATE▲	ZIP CODE A	
		Talanhana numbar	_	
		Telephone number		
of Treasurer				
Mailing Address				
	CITY A	STATE	ZIP CODE A	
Mailing Address	CITY A		ZIP CODE A	
Mailing Address Title or Position ▼ Full Name of Designated	CITY A	STATE	ZIP CODE A	
Mailing Address Title or Position ▼ Full Name of Designated	CITY A	STATE	ZIP CODE &	
Mailing Address Title or Position ▼ Full Name of Designated AgentSteven Minus	CITY 🛦	STATE	ZIP CODE 🛦	
Mailing Address Title or Position ▼ Full Name of Designated AgentSteven Minus	CITY A chael McCartan 2345 Grand. Blvd.	STATE	ZIP CODE A	

816

Telephone number

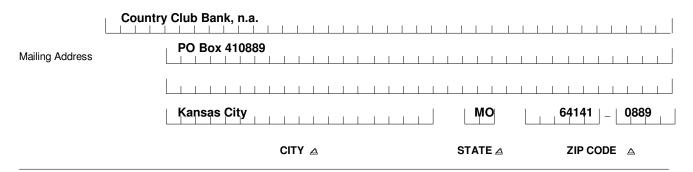
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FFC	Form 1	(Revised	02/2003)

. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.



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